

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554**

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In the Matter of )

U.S. Department of Health and Human Services )  
Substance Abuse and Mental Health )  
Administration Petition for Permanent )  
Reassignment of Three Toll Free Suicide )  
Prevention Hotline Numbers )

CC Docket No. 07-271

Toll Free Service Access Codes )

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CC Docket No. 95-155

To: The Wireline Competition Bureau

**COMMENTS OF THE KRISTIN BROOKS HOPE CENTER**

DANNY E. ADAMS  
STEVEN A. AUGUSTINO  
BARBARA A. MILLER  
KELLEY DRYE & WARREN LLP  
3050 K Street, NW, Suite 400  
Washington, D.C. 20007-5108  
Telephone: (202) 342-8400  
Facsimile: (202) 342-8451

*Counsel for the Kristin Brooks Hope Center*

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## **SUMMARY**

In response to the Request for Comment, KBHC can clearly show that it is capable of operating the numbers assigned to it in 1998, and that there is no basis for departing from the regulatory procedure of assigning numbers on a first-come, first-served basis. While KBHC can and will respond to the questions posed in the Request for Comment, those questions and the scope of the Request for Comment are fundamentally flawed. The Request for Comment does not ask for comment on the central predicate for any reassignment in this case: whether any “extraordinary emergency situation” exists at all.

KBHC has consistently disputed the Commission’s premise for its temporary reassignment of the toll free numbers and its failed attempt to permanently reassign the numbers. No public safety crisis exists, nor has one existed in the past. More fundamentally, the party seeking to benefit from the alleged crisis, the Substance Abuse and Mental Health Services Administration (“SAMHSA”), cannot benefit from a situation of its own making. Until SAMSHA meets its burden to demonstrate that it cannot address the safety risk it claims exists without becoming the subscriber of record for the toll-free numbers, SAMHSA’s Petition for Permanent Reassignment (“Petition”) will be based on a false premise which cannot support Federal Communications Commission (“FCC” or “Commission”) action to depart from its rules and reassign the numbers. Thus, any inquiry by the Bureau must include an assessment of this issue.

On the merits, there is no basis to justify departing from the FCC regulations and reassigning the number from KBHC. KBHC has multiple and reliable sources of funding for the operation of the hotlines. It is able to identify and develop additional sources of funding, just as thousands of nonprofits do each and every year. KBHC’s ability to operate is no more in

question than are any of the entities that have obtained toll free numbers from the SMS/800 Database and are using them for a variety of private, public and quasi-public uses. KBHC, like those entities, is entitled to the right to continue to operate numbers it freely obtained under a first come, first served policy over a decade ago.

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**COMMENTS OF THE KRISTIN BROOKS HOPE CENTER**

The Kristin Brooks Hope Center (“KBHC”), by its attorneys, hereby submits these comments in the above referenced docket in response to the Wireline Competition Bureau’s (“Bureau”) January 14, 2011, Order and Request for Comment, WC Docket Nos. 07-721 and 95-155, DA 11-80 (rel. Jan. 14, 2011) (“Request for Comment”).

**I. BACKGROUND**

The Request for Comment was issued in response to the remand by the U.S. Court of Appeals in *Kristin Brooks Hope Center v. Federal Communications Commission*, which remanded the Commission’s Memorandum Opinion and Order and Order on Review in the above-captioned dockets. *U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration’s Petition for the Permanent Reassignment of Three Toll-Free Suicide Prevention Numbers*, Memorandum Opinion and Order and Order on Review, 24 FCC Rcd 13022 (2009) (“Reassignment Order”). The underlying Reassignment Order departed from the Commission’s “first come, first served” rules for 800 number assignment because the

agency concluded that “an extraordinary, emergency situation” existed which demanded a different approach. The Commission concluded that (1) an emergency (or potential emergency) existed and (2) SAMHSA was better positioned than KBHC to avoid future financial emergencies, and thus granted the SAMHSA Petition.<sup>1</sup>

In its ruling, the Court found that the Commission’s Order did not sufficiently connect the facts found to the conclusions drawn. *Kristin Brooks Hope Center v. FCC*, 626 F.3d 586 (D.C. Cir. 2010). The Court reversed and remanded the Reassignment Order granting the SAMHSA Petition. *Id.* In response, the Bureau issued this Request for Comment which seeks additional comment on various financial matters related to KBHC and SAMHSA. The KBHC response to those questions is stated below. However, KBHC believes that the Request for Comment omits a series of critical questions relevant to the predicate for any departure from the “first come, first served” policy for assignment of toll free numbers. Without addressing these questions and demonstrating a connection between the evidence and the Commission’s conclusion, any action by the Commission will be arbitrary and capricious.

As shown below, the Commission’s task is to consider whether, under the evidence available today, an emergency situation exists relating to KBHC’s operation of toll free hotlines. Barring such emergency situation, the Commission is required to end the temporary reassignment and to return the toll free numbers to KBHC. Even if departure from the “first come, first served” policy is justified, KBHC shows sufficient financial resources to operate the toll-free numbers.

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<sup>1</sup> *Reassignment Order* at ¶¶ 12-16. The toll-free numbers at issue are 1-800-SUCIDE (1-800-784-2433), 1-888-SUICIDE (1-888-784-2433) and 1-877-SUICIDA (1-877-784-2432).

## II. THE SCOPE OF THE BUREAU'S INQUIRY IS INADEQUATE

This proceeding began with a Petition from SAMHSA alleging that an emergency existed in connection with the operation of three toll-free numbers assigned to KBHC and promoted by KBHC for suicide prevention activities. SAMSHA asked the Commission for transfer of the toll free numbers from KBHC to SAMHSA. Specifically, SAMHSA alleged that the suicide prevention hotlines established and operated by KBHC were in danger of being shut down due to financial problems faced by KBHC. SAMHSA further alleged that the only remedy to quell this threat was for the FCC to reassign the numbers to SAMHSA so that SAMHSA could provide the necessary funding. The SAMHSA Petition was effectively a request for a waiver of the Commission's "first come, first served" rules for toll free number assignment. KBHC responded to SAMHSA's allegations by contending that no such emergency existed and opposing the number transfer.<sup>2</sup>

The Request for Comment has requested new information only on the issue of financial resources and has ignored the predicate that SAMSHA put forth for the action, namely, whether any emergency situation exists that justifies departure from the Commission's long-standing "first come, first served" allocation method for toll-free numbers. As shown below, KBHC is prepared to show that it has in place dependable methods of fundraising and that it is fully capable of operating the toll free numbers. SAMSHA, on the other hand, if it is to carry its burden must demonstrate the existence of facts which would support a finding of an emergency situation. SAMSHA previously relied on its own refusal to provide funding as the predicate for

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<sup>2</sup> See, e.g., Comments of the Kristin Brooks Hope Center, WC Docket Nos. 07-271 and 95-155, Dec. 7, 2007, at 7 ("At no time did the evidence in the record support SAMHSA's claims of emergency justifying a departure from the Commission's generally applicable rules"); see also *Reassignment Order* at ¶ 9 ("Throughout the record in this proceeding, KBHC has consistently argued for the return of the Hotlines").

a financial crisis surrounding operation of the numbers. But SAMSHA, which seeks to benefit from this crisis by obtaining permanent control over the numbers, cannot rely on that premise without first addressing whether it is capable of providing funding for the operation of toll-free numbers not assigned to it.

**A. The Commission Must Have Record Evidence to Support Departure from the First Come, First Served Policy**

The Commission's earlier actions were based on a premise that a public safety crisis was threatened by the possible disconnection of the numbers. *See Reassignment Order* at ¶ 13. This conclusion was based on an analysis and comparison of the finances of KBHC and SAMHSA. *Id.* The D.C. Circuit Court found the Commission's order to be inadequate and remanded the question for further proceedings. *Kristin Brooks Hope Center*, 626 F.3d 586. To comply with the Court's directive, however, the Commission must not simply conduct a renewed review of the parties' finances. As the D.C. Circuit noted in discussing the *State Farm* standard:

When evaluating agency action that is alleged to be arbitrary and capricious under 5 U.S.C. § 706(2)(A), our primary task is to ensure that the agency has “examine[d] the *relevant* data and articulate[d] a satisfactory explanation for its action including a ‘rational connection between the facts found and the choice made.’<sup>3</sup>

If the Commission is to connect the facts of this case to the conclusions to be drawn, it must first determine whether a public safety crisis exists in this case. On remand, the Commission may not simply presume that a financial crisis exists. As the D.C. Circuit opined in ordering a remand, the agency's “extrapolation from [KBHC's] past difficulties” to question KBHC's financial stability was “quite a leap.” 626 F.3d at 589. Those past difficulties were

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<sup>3</sup> *Kristin Brooks Hope Center*, 626, F.3d at 587 (citing *Motor Vehicle Mfrs. Ass'n v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983)) (emphasis added).



related to a “transition from government grants to private fundraising” which “undermine[d] a strong inference that recurrence [of financial difficulty] was likely.” *Id.* Instead, “fear may have supplanted reason.” *Id.* The Commission may not allow such fear to drive its decision on remand.

**B. SAMSHA Bears the Burden to Show that it May Not Fund Toll Free Numbers without Reassignment**

As the entity seeking reassignment, SAMHSA must show that a public crisis exists today. SAMSHA may not base that alleged crisis on its own decision not to grant funding unless it can show that it is *necessary* for SAMHSA to control the numbers before it can provide any needed financing, not just that SAMSHA *chooses* not to provide funding at this time. KBHC believes that SAMHSA has no need to become the subscriber of record for the numbers in order to provide financial support for their operation. KBHC bases this belief on (1) the understanding that SAMHSA has for many years, continuing today, provided support to many toll free number without being the subscriber of record (including 800 SUICIDE for several years),<sup>4</sup> and (2) SAMHSA provided emergency funding for 800 SUICIDE from August 2006 to January 2007 while the FCC considered the Petition.

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<sup>4</sup> Upon information *and* belief the following are among a few of the examples of government funded toll free numbers not owned by the funding entity: (1) National Suicide Prevention Lifeline Crisis Center 1-800-273-TALK, funded but not owned by SAMHSA (Government Grants \$3,649,410); (2) SAMHSA's 24-Hour Toll-Free Treatment Referral Helpline, 1-800-662-HELP, funded but not owned by SAMHSA; (3) SAMHSA Oil Spill Hotline, 1-800-985-5990, funded but not owned by SAMHSA; (4) Prevention and Treatment of Poisoning, 800-222-1222 (Government Grants \$2,468,538); (5) the National Runaway Switchboard, 800-621-4000 (Government Grants \$1,640,240); (6) the National Domestic Violence Hotline, 800-799-SAFE is owned by the Texas Council on Family Violence (Government Grants \$6,036,682); (7) the National Child Abuse Hotline, 800-4-A-CHILD (Government Grants \$9,764,828); (8) Family Violence Prevention Fund/Health Resource Center, 800-313-1310 (Government Grants \$4,991,552); (9) Mothers Against Drunk Driving, 800-418-6233 (Government Grants \$9,037,862); (10) National Center for Missing and- Exploited Children, 800-THE LOST (Government Grants \$31,715,505); (11) National Center for Victims of Crime, 800-394-2255 (Government Grants \$2,109,563); (12) National Fraud Information Hotline, 800-

Unless SAMHSA can demonstrate that these facts are incorrect and that SAMHSA cannot fund the numbers without being the subscriber of record, then the FCC has no “public safety crisis” upon which to base a finding justifying a waiver of its rules. If SAMSHA is able to provide funding for the operation of toll free numbers assigned to other entities, then any decision by SAMSHA to provide or withhold funding is entirely its own public policy choice. If it is able to provide such funding, any alleged instability involving the toll free numbers is within SAMHSA’s control and it could easily remedy a “crisis” (whether it exists now or may arise in the future) by choosing to provide funding to maintain operation of the numbers. In short, without proof that SAMSHA *must* be the subscriber of record in order to provide funding, the Commission could not accept the lack of SAMSHA funding as evidence of an emergency situation justifying departure from FCC precedent for allocation of toll free numbers.

It is not enough that SAMSHA is merely unwilling to provide any needed funding to avert a public safety crisis. Allowing an entity to manufacture a financial risk and then profit from the very financial risk that that entity created would set a bad precedent and potentially open a Pandora’s box of bad conduct that the Commission would then have to address. *See Kristin Brooks Hope Center*, 626 F.3d at 589 (faulting the FCC for, among other things not looking at the circumstances under which KBHC’s financial issues arose).

Currently, there is an insufficient record to justify departing from the FCC regulations and reassigning the number. Any inquiry limited solely to the issues outlined in the

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876-7060 operated by the National Consumers League (Government Grants \$2,109,563); and (13) National White Collar Crime Center, 888-693-2874 (Government Grants \$8,763,000). Butler Decl. at ¶ 17. The above numbers are funded either by SAMHSA or directly by the Department of Health and Human Services.

Request for Comment would constitute arbitrary and capricious decision-making, and would disregard the reasoning behind the D.C. Circuit's remand. The Commission, therefore, must expand its inquiry to consider the circumstances surrounding the alleged public safety crisis that SAMSHA alleges. It must ask what evidence exists to conclude that a public emergency exists today, and, to the extent that this evidence relies upon the lack of funding by SAMSHA, the Commission must inquire into the circumstances surrounding the withholding of that funding. Only if SAMSHA is *unable* to provide requisite funding for the operation of numbers not assigned to it can SAMSHA cite the lack of funding as a basis for action.

### **III. FIRST COME, FIRST SERVED IS THE APPLICABLE POLICY HERE**

FCC regulations clearly establish that the Commission's policy is to assign toll-free numbers on a "first come, first served" basis. 47 C.F.R. § 52.111. In compliance with that policy, KBHC obtained the numbers in question over a decade ago. *See Reassignment Order* at ¶ 3. Any action to reassign the numbers from KBHC would not be consistent with the first come, first served policy.

A high standard applies for any departure from this long-established policy. The FCC adopted the first-come, first-served approach in order to ensure the "fair," "orderly" and "efficient" allocation of toll-free numbers. *See* 47 C.F.R. § 52.111; *In the Matter of Toll Free Service Access Codes*, Fourth Report and Order and Memorandum Opinion and Order, 13 FCC Rcd 9058 (1998), at ¶¶ 5, 12, 14 ("Fourth Report" or "888 Allocation Decision"). In deciding how to administer the soon-to-be-made-available 888 toll free numbers, the FCC stated that it was utilizing the first come, first served method of allocation because that method allowed for the orderly administration of the numbers and "would avoid the need to resolve competing claims among subscribers to assignment of particular numbers." *888 Allocation Decision* at

¶ 22. Thus, when initially determining how toll-free numbers would be assigned, 47 C.F.R. § 52.111, and then again when revisiting the issue with respect to 888 toll free vanity numbers, *see Fourth Report*, the FCC determined that the best method for assignment of such numbers is first come, first served. Having set that standard and reinforced it in its later decisions, the Commission should not and cannot lightly depart from it.

The Commission's concern for the difficulty in "resolv[ing] competing claims" for the numbers was prescient. The D.C. Circuit remanded the *Reassignment Order*, which sought to "choose the entity [the FCC] believe[s] is more capable of operating the Hotlines long-term." *See Kristin Brooks Hope Center*, 626 F.3d at 589. The core concern of the D.C. Circuit in remanding the case was the Commission's failure to provide a reasonable explanation for preferring SAMSHA over KBHC according to that standard. *Id.* In its attempt to justify SAMSHA over KBHC, the FCC "did not explore" key facts, "set the bar for [KBHC] curiously high," and failed to consider seriously the model of private fundraising. *Id.* at 589-90. The Request for Comment heads further into the quagmire of comparative claims, with little justification.

Any entity – in this case SAMHSA – asking the Commission to depart from this long established procedure must be held to a high standard to justify the action. This high standard cannot be simply a showing of "who has more money." The FCC has rejected allocation methods based purely on bidding or monetary payments and it must do so again here. *See e.g., 888 Allocation Decision* at ¶ 16. The Commission has also rejected methods that are inequitable or discriminate against potential subscribers. *Id.* at ¶ 25. In fact, in the *888 Allocation Decision*, the Commission rejected a fee-based allocation method because such a method "could unfairly prejudice small businesses, unable to compete against the greater

resources of large businesses.” *888 Allocation Decision* at ¶ 31. Reassigning numbers should not be based on who has more money any more than the initial allocation can be based on such a factor. Moreover, the D.C. Circuit made it clear that the question as it relates to finances is not who has more. *See generally Kristin Brooks Hope Center*, 626 F.3d at 589-90.

Instead, the FCC must determine what type of extreme or extraordinary circumstance justifies departing from regulations and past precedent. As Commissioner McDowell cautioned in his dissenting statement in the *Reassignment Order*:

As a general principle, the Commission should not be in the business of picking winners and losers regarding the control of toll-free numbers and certainly should not get in the habit of analyzing entities’ financial health in order to determine who should control a toll free number.

*Reassignment Order*, 24 FCC Rcd at 13039 (McDowell, dissenting). The Commission’s standard must guard against the quagmire of comparative claims and must properly protect the fairness and orderliness afforded by the “first come, first served” policy. Any standard should be met only in extraordinary situations backed by clear evidence of necessity (not preference or convenience).

If the standard applied here involves the existence of a public safety crisis, then the question is (1) whether KBHC’s funding is so unstable as to create the risk of a public crisis through shut-down of the hotlines **and** (2) whether the only solution to instability – should such instability exist, which it does not – is reassignment of the numbers to SAMHSA. It is only if SAMHSA can show **both** that KBHC is financially unstable in its current funding **and** that there is no alternative other than reassignment of the numbers, that the numbers should not be returned to KBHC.

**A. KBHC is Financially Stable and the Returned Hotlines Would Not Be in Jeopardy.**

As the D.C. Circuit emphasized, the FCC cannot extrapolate from KBHC's past financial difficulties to conclude that a public safety crisis exists. The Commission's prior order failed to "explore the circumstances under which [KBHC's] financial troubles arose" (626 F.3d at 589) – circumstances that had a lot to do with SAMHSA's sudden decision to withdraw government funding for the numbers and SAMHSA's refusal to honor \$400,000 in expenses it owed to KBHC for costs incurred before the grant expired. Since that time, KBHC has resolved all debts and transitioned to private sources of funding. Its fundraising is more than enough to demonstrate that a departure from "first come, first served" would be unlawful.

KBHC has stable funding, has had stable funding since 2006, and is continually developing new sources of funding. KBHC's private donations and grants have provided the necessary resources for KBHC to operate since it lost its government funding and had to abruptly turn to private financing sources. *See* Butler Decl. at ¶¶ 7-16 (February 25 Declaration of Reese Butler, hereinafter "Butler Decl." or "Butler Declaration"). Since 2007, its annual revenue has been near or in excess of \$200,000. *Id.*

This funding has come from a healthy and diversified combination of private donations, grants, and revenue from multiple fundraising events. *Id.* Since 2007, private contributions have not dipped below \$99,000. *Id.* KBHC has also received grants from various organizations, including "To Write Love on Her Arms" (TWLOHA) and the Salmon Foundation Veterans. *Id.* TWLOHA, for example, has provided grants to KBHC every year since 2006 (including last year's grant of \$91,000) and has committed in writing to continuing to support KBHC for at least another four years. *Id.*

KBHC also conducts multiple fundraising events every year and continues to develop new fundraising sources and events. Since 2001, KBHC has been sponsoring concert tours to raise awareness of suicide prevention resources. *Id.* at ¶ 11. These musical tours not only serve an educational and outreach purpose, but they have raised an average of \$60,000 a year for KBHC from ticket and merchandise sales since their inception. *Id.* This year, not only will KBHC derive income from the tour ticket and merchandise sales, but it is also selling sponsorships of the tour and has already sold one \$50,000 sponsorship for the event. *Id.* KBHC has also been participating in the Alive! Mental Health Fair Suicide Prevention Tour. *Id.* ¶ 13. This tour of college campuses also serves the dual purposes of education/outreach and fundraising. *Id.*

In addition to its longstanding and historically successful fundraising events, KBHC is always adding new events and developing alternative fundraising sources. For example, this year, KBHC is participating in the Festival for Humanity. *Id.* at 12. This Festival too is both an educational and a fundraising event, with a concert that includes performances by numerous high profile performers (including Soul Asylum, Good Charlotte, Third Eye Blind, Finger 11, and Sister Hazel). *Id.* The organizers of this event anticipate 25,000 to 30,000 attendees and 33% of Festival for Humanity merchandise sales going directly to KBHC. *Id.* In addition, PostSecret is holding an event in April to benefit KBHC. *Id.* at ¶ 14. The already sold out event is anticipated to raise \$20,000 for KBHC. *Id.*

These are but a few examples of the diverse and expanding sources of revenue for KBHC that account for the \$320,000 in revenue contracts already in place at this early point in the fiscal year. *Id.* at ¶ 15. This is more than sufficient to fund both its current hotlines and the

three hotlines at issue based on KBHC's current costs, KBHC's telecommunications services contract, and the data on call volume and call lengths. *See Id.* at ¶¶ 3-6.

Importantly, the Commission may not set the bar for KBHC unreasonably high. As the D.C. Circuit cautioned, "the FCC's principle cannot be that the government always wins." 626 F.3d at 590. Further, the standard applied to KBHC must take into account the dictates of private fundraising:

It's a rare organization whose treasury is so ample that it is sure of being able to operate decades into the future. For-profit organizations, nonprofit organizations, and governments alike replenish their treasuries at regular intervals – through revenues from sales, fundraising campaigns, or taxes. ... A nonprofit like [KBHC] surely could have two years of funding available at present and in the course of those two years, raise more money for later years of operations.

*Id.*

Under any reasonable standard, KBHC has more than enough resources for the Commission to continue to adhere to its policy of first come, first served allocations for toll free numbers. KBHC has multiple and reliable sources of funding for the operation of the hotlines. It is able to identify and develop additional sources of funding, just as thousands of nonprofits do each and every year. KBHC's ability to operate is no more in question than are any of the entities that have obtained toll free numbers from the SMS/800 Database and are using them for a variety of private, public and quasi-public uses. KBHC, like those entities, is entitled to the right to continue to operate numbers it freely obtained under a first come, first served policy over a decade ago.



#### IV. RESPONSES TO THE BUREAU'S SPECIFIC QUESTIONS

1. *The total number of hotlines included in its network and, to the extent possible, the percentage of its costs allocated to each hotline number.*

KBHC currently operates twelve hotlines:

1-800-SUICIDA which accounts for approximately 33% of KBHC's hotline costs.  
1-800-442-HOPE which accounts for approximately 29% of KBHC's hotline costs.  
1-877-YOUTHLINE which accounts for approximately 15% of KBHC's hotline costs.  
1-877-VET2VET which accounts for approximately 14% of KBHC's hotline costs.  
1-800-PPDMOMS which accounts for approximately 5% of KBHC's hotline costs.  
1-800-GRADHLP which accounts for approximately 3% of KBHC's hotline costs.  
1-866-FOR-PERN which accounts for less than 01% of KBHC's hotline costs.  
1-800-722-9498 which accounts for less than 01% of KBHC's hotline costs.  
1-800-827-7571 which accounts for less than 01% of KBHC's hotline costs.  
1-877-495-0009 which accounts for less than 01% of KBHC's hotline costs.  
1-888-861-8460 which accounts for less than 01% of KBHC's hotline costs.  
1-866-771-1276 which accounts for less than 01% of KBHC's hotline costs.

Butler Decl. ¶ 3.

2. *The average length of a suicide prevention call and the estimated cost per minute of that call.*

The average length of KBHC's hotline calls is 8 minutes per call and 35 minutes per crisis intervention call. *See* Butler Decl. ¶ 4. These call averages mirror the call times for the three hotline numbers currently administered by SAMHSA. *Id.*

The current per minute rate that KBHC pays is \$0.069 and, therefore, the average cost per call is \$0.55. *See id.* at ¶ 4, Exh. A to Decl. KBHC's telecommunications provider has committed to a per minute rate of \$0.04 once the call volume increase associated with adding the 1-800-SUICIDE, 1-888-SUICIDE, and 1-877-SUICIDA lines occurs (estimated to bring call volume to 300,000 minutes or more per month). *Id.*

3. *A detailed breakdown of the current monthly expenses to operate its (or its grantee's) suicide prevention network for 12 months, the total monthly cost of the network, including telecommunication/transmission costs, descriptions of the goods and services utilized, their monthly costs, and other expenses necessary to operate the suicide prevention hotlines.*

KBHC currently budgets \$5,000 per month for its hotline expenses but generally only spends \$3,500 per month, of which approximately \$950 is for telecommunications costs.

*See id.* at ¶ 5. The average monthly cost breakdown is as follows:

Expense	Amount
Network Management (contractual)	\$1,000.00
Authorize.net	40.00
Rent	260.00
iContact email newsletter	60.00
SunTrust donation processing fees (\$150-200+ a month)	50.00
Credit Card fee	6.00
Internet service (Centreville)	70.00
Basecamp	49.00
Gotomeeting fee	49.00
1800SUICIDA fee	50.00
Cell phone service	310.00
Office phone service	122.00
Insurance	250.00
Micktel phone bill	950.00
GoDaddy	25.00
USPS/Postage	30.00
Electric service (Centreville)	220.00
Toal, Griffith, Ayers fees (accounting)	varies
Kelley Drye (legal)	varies
<b>Total</b>	<b>\$3,541.00</b>

*Id.*

4. ***A projection of overall monthly expenses for the continued operation of its suicide prevention network.***

KBHC estimates that the return of 1-800-SUICIDE, 1-888-SUICIDE, and 1-877-SUICIDA to its network of hotlines will increase its monthly costs by about 215% and its monthly telecommunications costs by an average of \$5,840.00. *Id.* at ¶ 6. This estimate is based on SAMHSA's published data regarding current call volume and call times for the three hotlines. *Id.* Because KBHC will route to the same call centers that it currently uses, there will be no additional costs associated with call centers. *Id.*

5. ***A projection as to whether the costs of operating its suicide prevention network will increase or decrease in the future and, if so, why and by how much (for example, due to changes in call volume or future efficiencies in the network). Projected future costs for the next several years would be useful for our review.***

KBHC does not anticipate any increase in hotline costs. *Id.* at ¶ 5. In fact, if the toll free numbers were returned to KBHC, its per-minute costs would decrease.

6. ***A description of the funding that will be used to operate its suicide prevention network in future years.***

KBHC anticipates funding of approximately \$100,000 per year in private donations. *Id.* at ¶ 9. For the past four years, KBHC has received between \$99,000 and \$120,000 in private donations per year and has no basis to anticipate that this will change. *Id.*

KBHC anticipates grants of approximately \$100,000 per year. *Id.* at ¶ 10. The estimate is based both on a history of receiving such grants, as well as a written commitment from one of its largest grantors to continue such grants for at least the next four years. *Id.* In the past, KBHC has received grants in amounts ranging from \$10,000 to \$91,000. *Id.* These grants included a \$20,000 grant from the Salmon Foundation Veterans last year and one for \$10,000 the previous year. *Id.* These grants also include a \$91,000 grant from TWLOHA in both 2009 and 2010. *Id.* In 2010, TWLOHA made a written, five year commitment to continue its support of KBHC. *Id.*

KBHC has sponsored concert tours since 2001, including the “Take Action Tour” and, since 2007, the “Pick Up the Phone Tour.” KBHC receives a percentage of merchandise sales from these tours and, in most years, a percentage of ticket sales as well. *Id.* at ¶ 11. Tour proceeds over the last ten years have averaged about \$60,000 per year. *Id.* This year there are four \$50,000 sponsorships of the tour being sold by KBHC and a title sponsorship anticipated to sell for \$250,000. *Id.* KBHC has already sold one of \$50,000 sponsorships. *Id.*

In addition, this year KBHC is the beneficiary of this year's Festival for Humanity. *Id.* at ¶ 12. This will entitle KBHC to 33% of the gross merchandise sales made in connection with the festival, as well as 10% of the gate proceeds. *Id.* The current estimate of expected gate proceeds is that they will exceed \$1,000,000. *Id.*

KBHC has also contracted to hold 20 Alive Mental Health Fairs. *Id.* at ¶ 13. Revenue from these fairs is anticipated to reach \$70,000. *Id.*

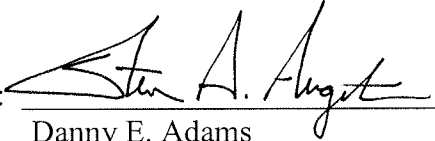
KBHC is also, of course, continuing to search for and develop other revenue and fundraising sources. As indicated by the new sources of funding that KBHC has developed each year, it is likely that additional funding will come in this year. *Id.* at ¶ 16.

### **CONCLUSION**

For the foregoing reasons, SAMHSA's Petition should be denied and the three hotline numbers returned to KBHC immediately.

Respectfully submitted,

THE KRISTIN BROOKS HOPE CENTER

By: 

Danny E. Adams  
Steve A. Augustino  
Barbara A. Miller  
KELLEY DRYE & WARREN LLP  
3050 K Street, NW, Suite 400  
Washington, D.C. 20007-5108  
Telephone: (202) 342-8400  
Facsimile: (202) 342-8451

*Attorneys for the Kristin Brooks  
Hope Center*

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